

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended Fallure to comply may result in crimmal prosecution fines, or civil penatties as provided by 29 U S C 439 or 440

For Official Use Only	
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1 File Number U 935  1 File Number U 935  2 Fiscal Year Covered From  1 / 1 / 2005 Through 12 / 31 / 201  3 Name and address of person filing  Name Vicente  Alvarado  4 Name file number and address of labor organization  Name Sheet Metal Workers Local Union 49  Labor Organization File Number 01.9-552  P O Box, Bidg Room No if any  Street 11652 Jim Thorpe  City B1 Paso  City B1 Paso  State New Mexico  ZIP Code +4 79936  State New Mexico  ZIP Code +4 87106  5 Position in labor organization  Training Coordinator/Organizer  Enter appropriate data below if during the past flocal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  8 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No If any  7 b Amount.
1 / 1 / 2005 Through 12 / 31 / 20  3 Name and address of person filing  Name Vicente  Alvarado  A Name Sheet Metal Workers Local Union 49  Labor Organization File Number 019-552  P O Box, Bidg Room No if any  Street 11652 Jim Thorpe  City B1 Paso  City B1 Paso  State Texas ZiP Code + 4 79936  State New Mexico ZiP Code + 4 87106  5 Position in labor organization  Training Coordinator/Organizer  Enter appropriate data below if during the past fiscal year you or your appouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  8 Name and address of Employer (including trade name if any)  Name  Trade Name if any:  P O Box Sidg Room No if any  T b Amount.
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Name Vacente  Alvarado  Name Sheet Metal Workers Local Union 49  Labor Organization File Number 019-552  P O Box, Bidg Room No if any  Street 11652 Jam Thompe  City El Paso  City Albuquerque  State Texas  Zip Code + 4 79936  State New Mexaco  Zip Code + 4 87106  5 Position in labor organization  Training Coordinator/Organizer  Enter appropriate data below if during the past fiscal year you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  8 Name and address of Employer (including trade name if arry)  Name  Trade Name if any  P O Box Bidg Room No if any  The Amount.  Street  City
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Name Trade Name if any:  P O Box Bldg Room No if any  7 a. Nature of Interest, Transaction or Income.  7 b. Amount.
Trade Name If any  P O Box Bldg Room No If any  7 b Amount.  City
P O Box Bldg Room No If any  7 b Amount.  City
P O Box Bldg Room No If any  7 b Amount.  City
7 b Amount.  Street  City
Street City
l l
State ZIP Code + 4
Signature
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)
Skoned 77-778-9763
Signed On 4/19/2006 915-778-9763  Date Telephone Number
P
File Number U

Name of Person Filing Vicente Alvarado

File	Νш	mb	er	U-

## **Part B Continuation Page**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name International Training Institute	a Labor Organization	
Trade Name if any 1T1	☑	
PO Box Bldg Room No if any	b Trust	
Street 601 N Fairfax ST Suite 240	c. Employer	
City_Alexandria		_
State Virginia ZIP Code + 4 22314		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name International Training Institute	CPI Training Lodging	
Trade Name if any 1T1		
PO Box, Bidg. Room No if any		
Street 601 N Fairfax ST Suite 240		
Cnty Alexandria		
State Virginia ZIP Code + 4 22314	11 b Approximate dollar value of such dealing	\$432
	12 a Nature of Interest held or income received	
	iT1 Check 1/14/05	
	12.b Amount	\$432

Page 3 of 4

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N	
7.5	

Name of Person Filing Vicente Alvarado File Number U-

B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent or irectly to or otherwise
8 Name and address of Business (including trade name, if any)  Name International Training Institute  Trade Name if any IT1  PO Box, Bidg Room No if any  Street 601 N Fairfax ST Suite 240  City Alexandria  State Virginia ZIP Code + 4 2314	9 Business deals with  a Labor Organization  Trust  c. Employer
Name International Training Institute  Trade Name if any 1Ti  PO Box, Bldg Room No if any  Street 601 N Fairfax ST Suite 240	CPI Training Per DEIM
City Alexandria	11 b Approximate dollar value of such dealing. \$200  12 a. Nature of interest held or income received
State Virginia ZIP Code + 4 22314	1T1 Check 1/4/05
	12 b Amount. \$200
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).	14 a. Nature of payment
Name	
Trade Name if any	
P O Box Bidg Room No if any	
City	
State Virginia ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14 b Amount of payment.

## ITI LM 30 INFORMATION 2005

NAME ALVARADO VINCENTE
TRUSTEE SMW LU 49
2300 BUENA VISTA SE, SUITE 1110
ALBUQUERQUE, NM 87106

FUND	¹ DATE	AMOUNT	PURPOSE	EXP TYPE
ITI	1/4/05	200 00	CPI	PER DIEM
ITI	1/14/05	431 64	СРІ	LODGING
	Ì	631 64		1

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